

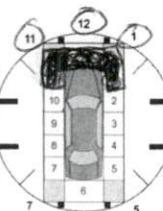
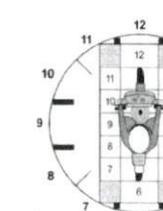
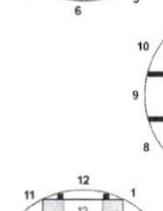
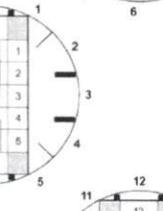
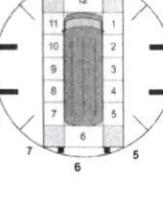
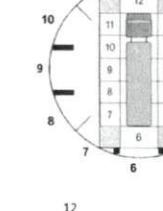
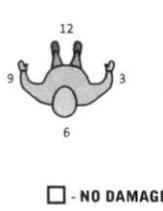
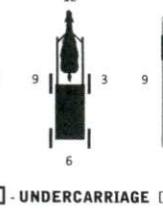
TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL INFORMATION					LOCAL REPORT NUMBER*				
<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> SECONDARY CRASH <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		REPORTING AGENCY NAME* Fairfield Police Department			NCIC* 0 0 9 0 1		HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
COUNTY*	LOCALITY*	LOCATION: CITY, VILLAGE, TOWNSHIP*					CRASH DATE / TIME*		CRASH SEVERITY 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
0 9	1 - CITY 2 - VILLAGE 3 - TOWNSHIP	City of Fairfield					0 5 1 6 2 0 2 2 1 7 2 1		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME RIVER			ROAD TYPE R D	LATITUDE DECIMAL DEGREES 3 9 3 6 3 3 4 4		
ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) HAYES			ROAD TYPE A V	LONGITUDE DECIMAL DEGREES - 8 4 5 6 2 4 9 6		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE #	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	ROUTE TYPE IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS	ROAD TYPE HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE	RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED			
DISTANCE FROM REFERENCE 1 6 3	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS					<input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA			
ROADWAY						<input type="checkbox"/> NUMBER OF APPROACHES <input type="checkbox"/> ROADWAY DIVIDED			
LOCATION OF FIRST HARMFUL EVENT			MANNER OF CRASH COLLISION/IMPACT			DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	MEDIAN TYPE		
1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP			9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOLL BOOTH 99 - OTHER / UNKNOWN			1 - NOT COLLISION 2 - BETWEEN 3 - TWO MOTOR VEHICLES IN TRANSPORT 4 - REAR-END 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - HEAD-ON 10 - OTHER / UNKNOWN	1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (>4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER		LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE 2 - ADVANCE WARNING SIGN 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA		CONTOUR 1	CONDITIONS 1	SURFACE 2	
						1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN	1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN	
LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN			WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL			SEE OH-2			
NARRATIVE <p>On May 16, 2022 at about 5:21 PM Unit 1 was traveling southbound on River Road and when approaching Hayes Avenue, Unit 1 failed to stop within the assured clear distance ahead and collided with Unit 2, which was also traveling southbound on River Road and stopped in traffic.</p>									
Indicate the north direction with an "N" on the compass diagram.									
CRASH REPORTED DATE / TIME		DISPATCH DATE / TIME		ARRIVAL DATE / TIME		SCENE CLEARED DATE / TIME		REPORT TAKEN BY	
0 5 1 6 2 0 2 2 1 7 2 1		0 5 1 6 2 0 2 2 1 7 2 3		0 5 1 6 2 0 2 2 1 7 3 1		0 5 1 6 2 0 2 2 1 7 5 9		<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OGPS)	
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES		OFFICER'S NAME*		CHECKED BY OFFICER'S NAME*	
0		0		3 6		P. O. J. TAYLOR			
						OFFICER'S BADGE NUMBER*		CHECKED BY OFFICER'S BADGE NUMBER*	
						1 5 7			

OWNER

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)		OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)																														
0 1																																	
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)																																	
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE																															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION #	VEHICLE YEAR																														
O H	HMA5541	K M H D H 4 A E 6 F U 3 9 3 5 2 7	2 0 1 5																														
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	VEHICLE MAKE																														
ALLSTATE		826-076-039	HYUNDAI																														
TYPE OF USE		US DOT #	TOWED BY: COMPANY NAME																														
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<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT		#OCCUPANTS	HAZARDOUS MATERIAL																														
0 1		0 1	<input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> PLACARD																														
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CARGO BODY TYPE																																	
0 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER																												
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER																													
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE																													
			11 - DUMP	99 - OTHER / UNKNOWN																													
VEHICLE DEFECTS																																	
0 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN																												
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT																														
3 - TAIL LAMPS	6 - TIRE BLOWOUT																																
NON-MOTORIST LOCATION AT IMPACT																																	
0 1	1 - INTERSECTION - MARKED CROSSWALK	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE																												
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS																														
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN																													
ACTION																																	
0 1	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE																												
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING																													
3 - STRIKING	1 1 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	15 - WALKING, RUNNING, JOGGING, PLAYING	20 - OTHER NON-MOTORIST																												
4 - STRUCK	PRE-CRASH 4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	11 - SLOWING OR STOPPED IN TRAFFIC	16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE																												
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	6 - MAKING LEFT TURN	12 - DRIVERLESS	17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN																												
9 - OTHER / UNKNOWN																																	
CONTRIBUTING CIRCUMSTANCES																																	
0 8	1 - NONE	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY																												
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE																													
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY																													
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION																													
5 - UNSAFE SPEED	11 - DROVE OFF ROAD																																
6 - IMPROPER TURN	12 - IMPROPER BACKING																																
SEQUENCE OF EVENTS																																	
1 2 0	1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT																												
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	8 - RAN OFF ROAD RIGHT	17 - ANIMAL - FARM	17 - ANIMAL - DEER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE																												
3 - IMMERSION	9 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN	18 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	24 - OTHER MOVABLE OBJECT																												
4 - JACKKNIFE			13 - OTHER NON-COLLISION	21 - PARKED MOTOR VEHICLE																													
5 - CARGO / EQUIPMENT LOSS OR SHIFT			14 - PEDESTRIAN																														
3 1 1			15 - PEDALCYCLE																														
4 1 1	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT																												
5 1 1	26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL																												
6 1 1	27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING																												
	28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL																												
	29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT																												
	30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN																												
1	FIRST HARMFUL EVENT	1	MOST HARMFUL EVENT																														

LOCAL REPORT NUMBER	
2 2 0 3 4 5 9 2	
DAMAGE	
DAMAGE SCALE	
4	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
       	
<input type="checkbox"/> NO DAMAGE [0] <input type="checkbox"/> UNDERCARRIAGE [14]	
<input type="checkbox"/> TOP [13] <input type="checkbox"/> ALL AREAS [15]	
<input type="checkbox"/> UNIT NOT AT SCENE [16]	
INITIAL POINT OF CONTACT	
1 2	0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT 15 - VEHICLE NOT AT SCENE DIAGRAM 99 - UNKNOWN 13 - TOP
TRAFFIC	
TRAFFICWAY FLOW	TRAFFIC CONTROL
2	1 - ONE-WAY 4 - STOP SIGN 2 - TWO-WAY 5 - YIELD SIGN 6 - NO CONTROL
# OF THROUGH LANES ON ROAD	RAIL GRADE CROSSING
2	1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
UNIT / NON-MOTORIST DIRECTION	
1	1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN
FROM 1 TO 2	
UNIT SPEED	
4 0	DETECTED SPEED
<input type="checkbox"/> STATED / ESTIMATED SPEED [1] <input type="checkbox"/> CALCULATED / EDR [2] <input type="checkbox"/> UNDETERMINED [3]	
POSTED SPEED	
3 5	



UNIT

OWNER

UNIT # <u>012</u>	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER)	OWNER PHONE: INCLUDE AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)
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OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

LP STATE <u>O H</u>	LICENSE PLATE # <u>JGU9336</u>	VEHICLE IDENTIFICATION # <u>3M ZB PABL1LM135942</u>	VEHICLE YEAR <u>2020</u>	VEHICLE MAKE <u>MAZDA</u>
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<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY <u>ALLSTATE</u>	INSURANCE POLICY # <u>826-329-380</u>	COLOR <u>BLUE</u>	VEHICLE MODEL <u>MAZDA 3</u>
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TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input type="checkbox"/> HIT/SKIP UNIT #OCCUPANTS <u>0 2</u>		VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS.	MATERIAL RELEASED	CLASS # PLACARD ID #
		<input type="checkbox"/> PLACARD		

1 - PASSENGER CAR <u>0 1</u>	7 - MOTORCYCLE 2-WHEELED	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN / SKATER
2 - PASSENGER VAN (MINIVAN)	8 - MOTORCYCLE 3-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	9 - AUTOCYCLE	14 - SINGLE UNITTRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	10 - MOPED OR MOTORIZED	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
6 - VAN (9-15 SEATS)	11 - ALL-TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE)	99 - UNKNOWN OR HIT/SKIP

# OF TRAILING UNITS				
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?	<u>0</u>	0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
<u>0 2</u>	1 - YES 2 - NO 9 - OTHER / UNKNOWN	1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
		2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

1 - NONE <u>0 1</u>	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
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4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIPMENT	20 - SAFETY SERVICE PATROL	

1 - NO CARGO BODY TYPE /NOT APPLICABLE <u>0 1</u>	3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER
2 - BUS	4 - LOGGING	6 - CARGO VAN/ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER
		7 - GRAIN/CHIPS/GRAVEL	10 - FLAT BED	14 - GARBAGE/REFUSE
			11 - DUMP	99 - OTHER / UNKNOWN

1 - TURN SIGNALS <u>0 1</u>	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

1 - INTERSECTION - MARKED CROSSWALK <u>0 1</u>	3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE
2 - INTERSECTION - UNMARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER / ROADSIDE	10 - DRIVEWAY ACCESS	
	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	99 - OTHER / UNKNOWN

1 - NON-CONTACT <u>0 1</u>	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING OR LEAVING VEHICLE
2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING SPECIFIED LOCATION	19 - STANDING
3 - STRIKING	<u>1 1</u> 3 - CHANGING LANES	9 - LEAVING TRAFFIC LANE	10 - PARKED	20 - OTHER NON-MOTORIST
4 - STRUCK	4 - OVERTAKING/PASSING	11 - SLOWING OR STOPPED IN TRAFFIC	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	12 - MAKING LEFT TURN	16 - WORKING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN		17 - PUSHING VEHICLE	99 - OTHER / UNKNOWN

1 - NONE <u>0 1</u>	7 - LEFT OF CENTER	13 - IMPROPER START FROM A PARKED POSITION	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY
2 - FAILURE TO YIELD	8 - FOLLOWING TOO CLOSE / ACDA	14 - STOPPED OR PARKED ILLEGALLY	18 - OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE
3 - RAN RED LIGHT	9 - IMPROPER LANE CHANGE	15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/SPILLING	23 - OPENING DOOR INTO ROADWAY
4 - RAN STOP SIGN	10 - IMPROPER PASSING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION
5 - UNSAFE SPEED	11 - DROVE OFF ROAD			
6 - IMPROPER TURN	12 - IMPROPER BACKING			

SEQUENCE OF EVENTS				
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1 - OVERTURN/ROLLOVER	6 - EQUIPMENT FAILURE	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
2 - FIRE/EXPLOSION	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	17 - ANIMAL - FARM	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
3 - IMMERSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	18 - ANIMAL - DEER	24 - OTHER MOVABLE OBJECT
4 - JACKKNIFE	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	19 - ANIMAL - OTHER	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	10 - CROSS MEDIAN	15 - PEDALCYCLE	20 - MOTOR VEHICLE IN TRANSPORT	
			21 - PARKED MOTOR VEHICLE	

COLLISION WITH FIXED OBJECT - STRUCK				
25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	37 - TRAFFIC SIGN POST	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	38 - OVERHEAD SIGN POST	44 - DITCH	51 - WALL
5 - MEDIAN GUARDRAIL	33 - MEDIAN CABLE BARRIER	39 - LIGHT / LUMINARIES	45 - EMBANKMENT	52 - BUILDING
27 - BRIDGE PIER OR ABUTMENT	34 - MEDIAN GUARDRAIL	40 - SUPPORT	46 - FENCE	53 - TUNNEL
28 - BRIDGE PARAPET	35 - MEDIAN CONCRETE	41 - OTHER POST, POLE OR SUPPORT	47 - MAILBOX	54 - OTHER FIXED OBJECT
29 - BRIDGE RAIL	36 - MEDIAN OTHER BARRIER	42 - CULVERT	48 - TREE	99 - OTHER / UNKNOWN
30 - GUARDRAIL FACE			49 - FIRE HYDRANT	

1 - FIRST HARMFUL EVENT	1 - MOST HARMFUL EVENT
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LOCAL REPORT NUMBER	
2 2 0 3 4 5 9 2	
DAMAGE	
DAMAGE SCALE	
2	1 - NONE 3 - FUNCTIONAL DAMAGE 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<img alt="Diagram of a vehicle showing 12 numbered points of impact: 1 (front left), 2 (front center), 3 (front right), 4 (side left), 5 (side right), 6 (rear left), 7 (

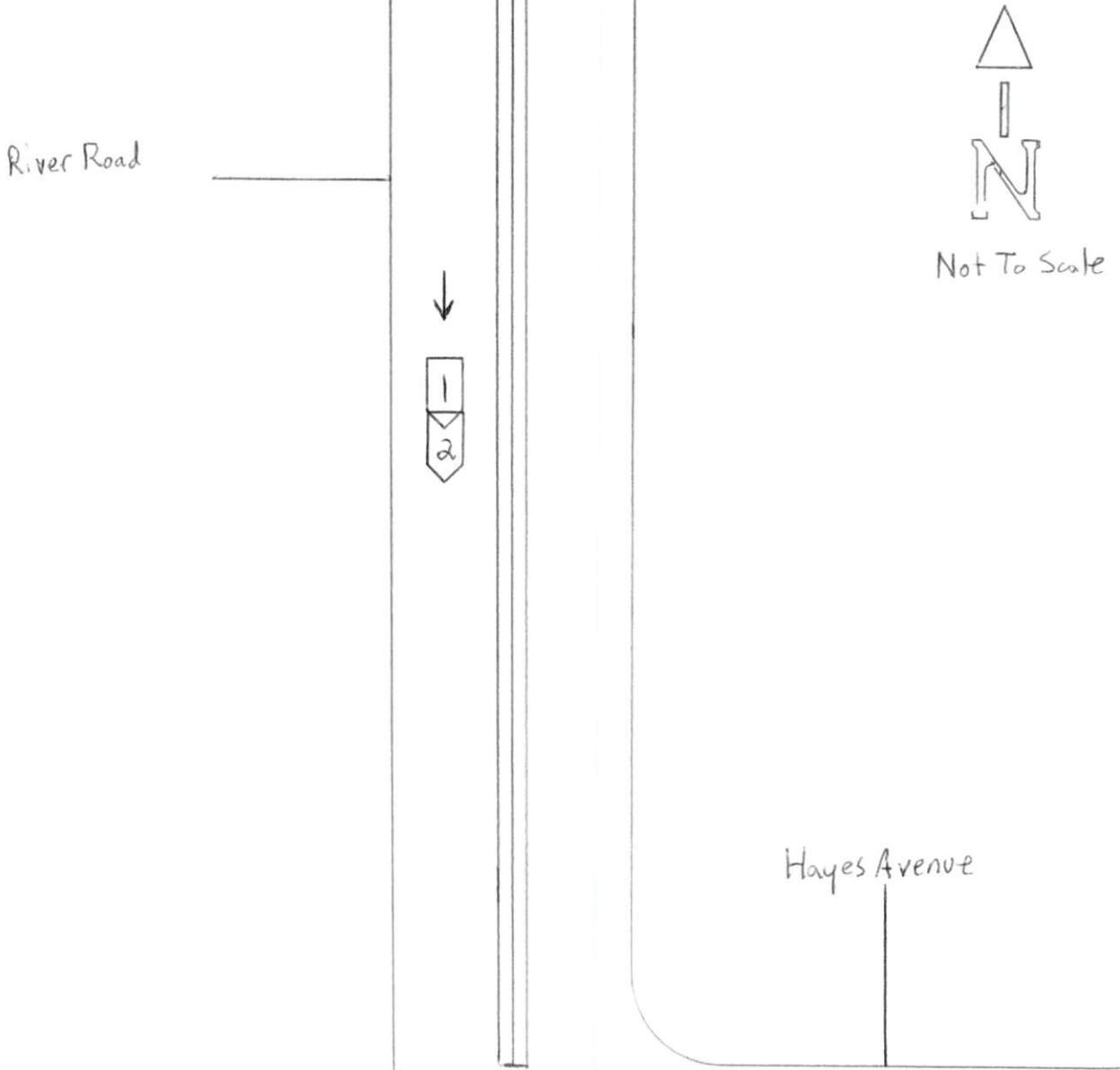


MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER															
UNIT #		DATE OF BIRTH													
0 1		0 1 1 5 1 9 8 8 3 4 M													
ADDRESS: STREET, CITY, STATE, ZIP 5570 CARLSBAD CT., FAIRFIELD, OHIO, 45014															
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED															
5						0 4		<input type="checkbox"/> DOT-Compliant MC HELMET							
OL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED 333.03A		LOCAL CODE <input checked="" type="checkbox"/>		OFFENSE DESCRIPTION ACDA		CITATION NUMBER 251527					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
UNIT # NAME: LAST, FIRST, MIDDLE 0 2 HALCOMB-BENSON, MYA, AMELIA															
ADDRESS: STREET, CITY, STATE, ZIP 1660 SHULER AVENUE, HAMILTON, OHIO, 45011															
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED															
5						0 4		<input type="checkbox"/> DOT-Compliant MC HELMET							
OL STATE O H		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS 4		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY 1		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1		ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
UNIT # NAME: LAST, FIRST, MIDDLE															
ADDRESS: STREET, CITY, STATE, ZIP															
INJURIES INJURED TAKEN BY EMS AGENCY (NAME) INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED															
OL STATE		OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>		OFFENSE DESCRIPTION		CITATION NUMBER					
OL CLASS		ENDORSEMENT SELECT UP TO 2		RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY		ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION		ALCOHOL TEST STATUS 1 TYPE 1 VALUE 1		DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4	
INJURIES SEATING POSITION AIR BAG OL CLASS															
1- FATAL		1- FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1- NOT DEPLOYED		1- CLASS A		1- ALCOHOL INTERLOCK DEVICE		1- NOT DISTRACTED		1- NONE GIVEN			
2- SUSPECTED SERIOUS INJURY		2- FRONT - MIDDLE		2- DEPLOYED FRONT		2- CLASS B		2- CDL INTRASTATE ONLY		2- MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING)		2- TEST REFUSED			
3- SUSPECTED MINOR INJURY		3- FRONT - RIGHT SIDE		3- DEPLOYED SIDE		3- CLASS C		3- CORRECTIVE LENSES		3- TALKING ON HANDS-FREE COMMUNICATION DEVICE		3- TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE			
4- POSSIBLE INJURY		4- SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4- DEPLOYED BOTH FRONT / SIDE		4- REGULAR CLASS (OHIO = D)		4- FARM WAIVER		4- TALKING ON HAND-HELD COMMUNICATION DEVICE		4- TEST GIVEN, RESULTS KNOWN			
5- NO APPARENT INJURY		5- SECOND - MIDDLE		5- NOT APPLICABLE		5- M/C MOPED ONLY		5- EXCEPT CLASS A BUS		5- OTHER ACTIVITY WITH AN ELECTRONIC DEVICE		5- TEST GIVEN, RESULTS UNKNOWN			
INJURED TAKEN BY		6- SECOND - RIGHT SIDE		6- DEPLOYMENT UNKNOWN		6- NO VALID OL		6- EXCEPT CLASS A & CLASS B BUS		6- PASSENGER		6- BLOOD			
1- NOT TRANSPORTED / TREATED AT SCENE		7- THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		7- NOT EJECTED		7- HAZMAT		7- OTHER DISTRACTION INSIDE THE VEHICLE		7- URINE		7- OTHER			
2- EMS		8- THIRD - MIDDLE		8- PARTIALLY EJECTED		8- MOTORCYCLE		8- OTHER DISTRACTION OUTSIDE THE VEHICLE		8- BREATH		8- DRUG TEST TYPE			
3- POLICE		9- THIRD - RIGHT SIDE		9- TOTALLY EJECTED		9- PASSENGER		9- OTHER / UNKNOWN		9- DRUG TEST TYPE					
9- OTHER / UNKNOWN		10- SLEEPER SECTION OF TRUCK CAB		4- NOT APPLICABLE		N- TANKER		10- LEARNER'S PERMIT RESTRICTIONS		1- APPARENTLY NORMAL					
SAFETY EQUIPMENT		11- PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)		1- NOT TRAPPED		Q- MOTOR SCOOTER		11- LIMITED TO DAYLIGHT ONLY		2- PHYSICAL IMPAIRMENT					
1- NONE USED		12- PASSENGER IN UNENCLOSED CARGO AREA		2- EXTRICATED BY MECHANICAL MEANS		R- THREE-WHEEL MOTORCYCLE		12- LIMITED - OTHER		3- EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)					
2- SHOULDER BELT ONLY USED		13- TRAILING UNIT		3- FREED BY NON-MECHANICAL MEANS		S- SCHOOL BUS		13- MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES)		4- ILLNESS					
3- LAP BELT ONLY USED		14- RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				T- DOUBLE & TRIPLE TRAILERS		14- MILITARY VEHICLES ONLY		5- FELL ASLEEP, FAINTED, FATIGUED, ETC.					
4- SHOULDER & LAP BELT USED		15- NON-MOTORIST				X- TANKER / HAZMAT		15- MOTOR VEHICLES WITHOUT AIR BRAKES		6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL					
5- CHILD RESTRAINT SYSTEM - FORWARD FACING		99- OTHER / UNKNOWN				GENDER		16- OUTSIDE MIRROR		7- OTHER					
6- CHILD RESTRAINT SYSTEM - REAR FACING						F- FEMALE		17- PROSTHETIC AID		8- DRUG TEST RESULT(S)					
7- BOOSTER SEAT						M- MALE		18- OTHER		1- AMPHETAMINES					
8- HELMET USED						U- OTHER / UNKNOWN				2- BARBITURATES					
9- PROTECTIVE PADS USED (ELBOW, KNEES, ETC.)										3- BENZODIAZEPINES					
10- REFLECTIVE CLOTHING										4- CANNABINOID					
11- LIGHTING - PEDESTRIAN / BICYCLE ONLY										5- COCAINE					
99- OTHER / UNKNOWN										6- OPIATES / OPIOIDS					
										7- OTHER					
										8- NEGATIVE RESULTS					



OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER	PD-22-034592	REPORTING AGENCY	Fairfield Police Department	DATE OF ACCIDENT	5/16/22
IN COUNTY OF	Butler	ACCIDENT LOCATION	RIVER ROAD/HAYES AVENUE		
					
			OFFICER'S SIGNATURE	BADGE NO	
			J. TAYLOR	157	